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|                        |              |
|------------------------|--------------|
| Application Number     | 10634411     |
| Filing Date            | 8/4/03       |
| First Named Inventor   | Wanda Strawn |
| Art Unit               |              |
| Examiner Name          |              |
| Attorney Docket Number | 02-73210     |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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|  |  |       |              |           |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.

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